CORP_TVR V9 Rev 7/24

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STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

License Services Division
450 Columbus Blvd, Ste 801
Hartford, CT 06103

To apply online visit: www.elicense.ct.gov

Television & Radio V9 Service Dealer, Non-Technician Owner License Application

For a complete list of license types, the scope of work covered and application requirements, visit our website at www.ct.gov/dcp.

Instructions:

1). All sections on this application must be complete.

2). A check and/or money order in the amount of **$200.00 made payable to *"Treasurer, State of Connecticut"*** must accompany this application. Application fees are non-refundable.

3). Mail your completed application and fee to the above address.

Applicant Information:

Applicant Legal Standing:

☐ Sole Proprietorship ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Limited Partnership

Name of Applicant (use Corporation, LLC, Partnership or Limited Partnership name if filing as such)			
Trade (DBA) Name if Applicable			FEIN (or SSN if Sole Proprietor)
Street Address	City or Town	State	Zip Code
Telephone Number	Email Address		
Mailing Address (if different from above)	City or Town	State	Zip Code

1). Have you registered with Connecticut Secretary of the State? ☐ Yes ☐ No ☐ Not required (sole proprietorship)

2). Has the applicant or any of the directors, officers, members, or managers been convicted of a felony crime? ☐ Yes ☐ No
If yes, attach a completed Criminal Conviction Worksheet. You can download the worksheet on our website at www.ct.gov/dcp.

List the names, addresses, and titles of all directors, officers, managers, or member (attach additional forms as needed):

Name	Address	Title
Name	Address	Title
Name	Address	Title
Name	Address	Title

Attestation:

I, the director or officer of the corporation or member or manager of the limited liability company on behalf of which the above application is made, being duly sworn according to the law depose and say the answers above set forth are true to the best of my knowledge and belief and that this application is made for the purpose of inducing the issuance of the registration requested.

_____ _____

Signature of Applicant *Date*